GETTING OFF THE 7-OH

v7 — Real Talk + Strength Edition

For people hooked on 7-OH in any form — gas station pills, tablets, extracts, online products.

Plain language. Biology-based. No shame. No scare tactics.

This is harm-reduction education, not medical advice.

Heavy 7-OH withdrawal can be serious. Medical help is not failure.

CAN'T READ THIS EASILY? THAT'S OKAY.

If reading this is hard — long words, medical stuff, too much text at once — there is no shame in that. This is a lot. Find somebody who can read it WITH you:

- A friend or family member
- A counselor or social worker
- A librarian (they will help, that's literally what they're there for)
- A community health worker or case manager
- Anyone at a harm reduction clinic or NA meeting

Show them this guide. Ask them to pull out the main points for your situation. You do not have to understand every word to use this. You just have to do the next step.

One step at a time. That's all.

🚨 GET EMERGENCY HELP RIGHT NOW IF YOU HAVE:

📞 CALL 911 OR GO TO THE ER FOR ANY OF THESE

- Trouble breathing or slow / stopped breathing
- Blue or gray lips or fingertips
- Cannot be woken up
- Chest pain or racing / irregular heartbeat
- Fainting, seizure, or shaking you can't control
- Vomiting blood or blood in your stool
- Severe confusion or not knowing where you are
- Thoughts of hurting yourself
- You're mixing 7-OH with alcohol, benzos, sleep meds, opioids, or gabapentin

MENTAL HEALTH CRISIS: Call or text 988
SAMHSA Helpline (free, 24/7): 1-800-662-4357

KEEP NALOXONE NEARBY.
7-OH acts on the same receptors as opioids and has been linked to respiratory depression by the FDA. Naloxone (Narcan) reverses opioid overdose. It is available at most pharmacies without a prescription. If you're in heavy withdrawal, someone in your household should have it.

⚠ LEGAL WARNING — READ THIS BEFORE YOU BUY ANYTHING

The legal status of isolated or concentrated 7-OH is changing fast and varies by state. Florida added concentrated 7-OH to Schedule I by emergency rule in 2025. Other states are following.

Do not assume that online availability means it is legal or safe where you are.

Contamination risk is also real. An FDA recall found 7-OH tablets with significantly more 7-OH than declared on the label. This directly undermines any "precise dose" promise from unknown sources. Use lab-tested products only, and use fentanyl test strips on anything from an unverified source.

ABOUT THIS GUIDE

WHAT THIS IS AND WHAT IT ISN'T

This is: harm-reduction education.
Plain-language information to help you get through 7-OH withdrawal as safely as possible. It covers tapering, symptoms, supplements, foods, and support options.

This is NOT: medical advice.
The supplement and peptide protocols in this guide are based on emerging research, animal studies, and community reports. They are NOT FDA-approved treatments for 7-OH withdrawal. Some carry real risks if misused.

If your use is heavy or your withdrawal is severe — please talk to a doctor before going it alone.
Evidence-based medical treatment exists for opioid-type withdrawal. It is more studied and often safer than DIY. See the Medical Options section.

HOW TO FOLLOW THIS GUIDE — AND WHY IT MATTERS

Follow this exactly as written. Not "kind of". Not "most of it." Exactly.

Here's why: before the 7-OH got into your life, your brain chemistry went up and down on its own. Some days were high energy. Some were low. Your mood, your sleep, your appetite — they moved around naturally. That's what a healthy brain does. It randomizes itself.

The addiction replaced all of that natural randomness with a fake constant — always flooded, never free, never really yours. You didn't feel up and down anymore. You felt flat without it and flooded when you had it.

This protocol is you taking that back.
You're not in a cage. You're on a controlled descent — mimicking what your body did naturally before the 7-OH took over, except this time you're steering it down to zero instead of being stuck at the top.

Once the protocol is complete, 'some adherence' is completely fine. You can be flexible again. You can have a good day and a bad day. You can be human again. But during the protocol itself: follow it exactly. Every skip, every early dose, every 'just this once' resets the clock on your nervous system.

This is not confinement. This is the landing gear.

WHAT YOU GOT INTO

You ain’t weak. Let’s get that out the way first.

You picked up something at a gas station. Ordered it online. Got it from a homie. Came in a slick package, looked like a supplement. Your boy took it and he was fine. Rolled with it. Didn’t happen to him the way it happened to you.

That’s not a character thing. Different bodies respond to this stuff differently. Genetics, mental health, sleep, trauma, metabolism, other substances, and how strong the product was — all of that plays into it. You didn’t know. Nobody told you.

REAL TALK: WHO MADE THIS AND WHY THIS HAPPENED

7-OH products were popularized commercially by American Shaman Botanicals, Founder Vince Sanders.

That’s important to know — because this wasn’t some random supplement. The concentrated 7-Hydroxymitragynine — the 7-OH — was extracted and amplified specifically to hit your brain hard.

According to the FDA’s own assessment, 7-OH acts on mu-opioid receptors — the same receptor family involved in many opioids. That does not mean it is identical to fentanyl. It does mean that dependence, withdrawal, and addiction potential are real and serious.

The reason people say “that 7o is worse than perc and fenny withdrawals” is real for some people. At least with street drugs you knew what you were getting into. This came in a gas station package and your friend said it was fine.

Why YOUR body got hooked and his didn’t:

- Dose, frequency, and how long you used it
- Your metabolism and how fast you process these compounds
- Mental health, sleep history, trauma — all affect receptor sensitivity
- Genetics may play a role in how your brain handles dopamine and opioid signaling

This is biology, not character.

⚠ YOUR BACK HURTS. YOUR STOMACH IS GOING CRAZY. HERE’S WHY.

Lower back hurts.
Classic opioid-receptor withdrawal. The muscles around your spine have opioid receptors that 7-OH was constantly hitting. Take it away and they scream. That ache is real. It’s not in your head.

Can’t sleep. Legs won’t stop moving.
Your brain’s calm-down signal was outsourced to 7-OH. Now it’s gone and your system is running hot. Restless legs. 3am and wide awake. That’s real.

The bathroom situation.
Opioids slow your gut. When they leave, everything speeds back up. Your gut is trying to get back to normal.

Dark thoughts. Nothing feels good.
Your brain’s reward system is crashed. 7-OH was doing the job your brain used to do for itself. That spot is empty now. Nothing sounds good. Nothing feels worth it. This is temporary — your brain rebuilds this. But it takes time.

MEDICAL OPTIONS — START HERE IF YOUR USE IS HEAVY

This section comes BEFORE supplements and peptides because for heavy users, medical treatment is safer and more studied than going it alone.

YOU DON'T HAVE TO WHITE-KNUCKLE THIS

Evidence-based medications exist for opioid-type withdrawal. They work. They are not failure.

Buprenorphine / Suboxone
FDA-approved for opioid use disorder. Can be prescribed by a doctor in an office setting. Because 7-OH acts on opioid receptors, buprenorphine may help manage withdrawal. Ask a doctor specifically about this for kratom/7-OH use.

Methadone
FDA-approved for opioid use disorder. Available through licensed clinics. More structured than buprenorphine but may be appropriate for severe cases.

Naltrexone
Blocks opioid receptors and reduces cravings. Can only be started after a period completely free from opioids — talk to a doctor about timing.

Clonidine / Lofexidine
Non-opioid medications that help manage acute withdrawal symptoms like sweating, anxiety, and restlessness. Require a prescription but are widely used for opioid-type withdrawal support.

Gabapentin
Sometimes prescribed off-label to help with restless legs, pain, and anxiety in withdrawal. Requires a prescription and medical supervision.

HOW TO FIND HELP:

- SAMHSA Helpline (free, 24/7, confidential): 1-800-662-4357 or findtreatment.gov
- Tell your doctor you are withdrawing from a kratom extract / 7-OH product
- Harm reduction clinics are judgment-free and familiar with this
- Urgent care can help manage acute symptoms safely

HOW TO CUT DOWN

You cannot just stop. Going cold turkey with heavy 7-OH use can put you on the floor. You step down slow.

⚠ TAPER BASICS — READ BEFORE YOU START

Dosing varies wildly between products.
One pill from one brand may have 3x the 7-OH of a pill from another brand. Potency is not standardized across the market. Because of this:

- If you can identify the mg content of your product, taper by milligrams — reduce by 10–15% every 1–2 weeks.
- If you can't identify mg content, use dose count (pills, servings) as your unit and reduce slowly.
- Holds are not failure. If a cut is too hard, hold at that level an extra week or two.
- The goal is 10–25% reductions, with holds as needed.

THE 16-WEEK SLOW TAPER

Designed for people at 8–12 doses/day. Smaller cuts, longer holds.

WEEK	DAILY DOSES	WHAT'S HAPPENING
Start	8–12 doses	Pick your honest number. No shame.
Weeks 1–2	8 doses max	New ceiling. Hold here. Let your body adjust.
Weeks 3–4	7 doses	One less. Space them evenly through the day.
Weeks 5–6	6 doses	Small cut. Slow and steady is the whole point.
Weeks 7–8	5 doses	Your body is adjusting. Stack your support here.
Weeks 9–10	4 doses	Halfway. Stay consistent.
Week 11	3 doses	Hard territory. Don't rush.
Week 12	3 doses	Hold at this level. Let it settle.
Week	2 doses	Almost there. This cut is hard. Plan for it.

WEEK	DAILY DOSES	WHAT'S HAPPENING
13		
Week 14	2 doses	Hold. Use your stack. Don't white-knuckle.
Week 15	1 dose	One more week. You can see it.
Week 16	1/2 dose	Final step. Seven days, then you're done.
Week 17+	ZERO	Free. Now the healing really starts.

TAPER RULES

Hold an extra week if a cut is too hard.
No prize for speed. The goal is to get off and stay off.

Space your doses evenly through the day.
Don't front-load. Even spacing keeps blood levels stable and reduces the spikes of craving.

Get somebody to hold your supply.
You cannot be your own gatekeeper in withdrawal. Somebody you trust holds the doses. Gives you your allotment. You keep track together.

THE 30-DAY KIT OPTION

SIMPLEST PATH: ONE PILL PER DAY, PRE-NUMBERED

Instead of managing a taper while you're sick — get lab-tested, graded 7-OH from a licensed source, pre-sort into daily doses (Day 1 through Day 30), and just take that day's dose. Day 1, take the Day 1 dose. Day 30, take the last one.

Source matters. Only use products with documented lab testing and declared mg content. Contamination risk is real — an FDA recall found tablets with significantly more 7-OH than declared. If the source doesn't show lab results, don't use it for a precision taper.

Test it. Use a fentanyl test strip on anything from an unverified source. Counterfeit pills sold as kratom or 7-OH have tested positive for fentanyl.

Have somebody else hold the kit. Friend, family, anyone you trust. They give

you that day’s dose. You don’t negotiate.

THE FORMULATION TRAP — WHAT’S IN THAT PILL

SOME PRODUCTS ARE ENGINEERED TO BE HARDER TO QUIT

Magnesium Stearate
A filler used in manufacturing. NOT the same as Magnesium Glycinate. It won’t help withdrawal. Don’t confuse these.

Magnesium Glycinate
Actually helpful — calms the nervous system. If your product contains this, it’s part of why stopping feels more anxious. Good news: you can take OTC Magnesium Glycinate separately to cover that drop. See the supplement section.

Paraxanthine
A stimulant (caffeine metabolite). When you stop taking it, you get a stimulant crash ON TOP of the 7-OH withdrawal. More tired. More flat. More depleted. It passes in 3–5 days but it’s real.

Cover the cluster bomb with OTC Magnesium Glycinate from Day 1 of your taper.

IF YOU'RE COMING OFF MORE THAN JUST THE 7-OH

If you were also using meth alongside the 7-OH, this section is for you. These are two completely different withdrawal processes.

⚠ DO NOT MIX THESE PROTOCOLS

7-OH withdrawal and meth withdrawal are nearly opposite in how they feel.

	7-OH WITHDRAWAL	METH WITHDRAWAL
Sleep	Insomnia — can't sleep	Hypersomnia — sleeping 15+ hours
Energy	Agitated, restless	Completely flat, depleted
Mood	Anxious, panicked	Depressed, empty
Duration	Acute 3–7 days, PAWS months	Acute 1–2 weeks, cravings months
Key need	Calm down the storm	Rebuild depleted dopamine

Pseudoephedrine and meth withdrawal:
Some harm reduction communities use short-term pseudoephedrine (regular Sudafed) to help with the hypersomnia and flat mood of meth withdrawal. The logic: it's a weak stimulant that provides mild adrenergic support while dopamine rebuilds.

What you CANNOT do:

- Do not take pseudoephedrine while actively tapering 7-OH. Adding stimulation to opioid-type withdrawal spikes cardiovascular stress and worsens anxiety.
- Do not assume the 7-OH peptide stack addresses meth withdrawal. Different systems, different tools.
- Do not mix protocols. Handle the 7-OH first, then address the meth withdrawal separately.

For dual-substance withdrawal, get medical supervision. A doctor or harm reduction clinic can safely manage both.

FOOD IS PART OF THE PROTOCOL

The supplement and peptide sections talk about what to take. But food is your foundation — and in withdrawal, your body needs specific things that food actually delivers better than most pills.

The protocol does NOT mean you only eat supplements. That's not how this works. Real food runs underneath everything else. Here's what to eat and why it matters for getting off 7-OH specifically.

YOUR NUTRITION FOUNDATION DURING WITHDRAWAL

HYDRATION FIRST. Always.

You are losing fluids. Water alone isn't enough — you need electrolytes.

- Coconut water (natural electrolytes, easy on the stomach)
- Pickle juice — yes, actually. A few tablespoons. The sodium and the neurological effect on muscle cramps makes this genuinely useful for restless legs and muscle spasms. It works within about 90 seconds through nerve pathways, not just hydration.
- Pedialyte, sports drinks, or electrolyte packets if you can afford them
- Bone broth: hydration + sodium + minerals + collagen. Gentle on the gut.
- Avoid: alcohol, excessive caffeine (makes anxiety and sleep worse)

PROTEIN AT EVERY MEAL. Non-negotiable.

Your brain rebuilds neurotransmitters (dopamine, serotonin) from amino acids in protein. No protein — no raw materials. Even if you're not hungry, eat something with protein.

- Eggs (best all-around: protein, choline, B12, tyrosine for dopamine)
- Chicken, fish, turkey (tryptophan for serotonin and sleep)
- Beans and lentils (folate, protein, affordable)
- Greek yogurt (protein + probiotics for gut recovery)
- Peanut butter or almond butter on crackers (easy when appetite is gone)

DOPAMINE FOODS — FEED YOUR REWARD SYSTEM.

Tyrosine is the amino acid your brain converts into dopamine. Eat it:

- Avocado, banana, almonds, pumpkin seeds
- Eggs, chicken, fish
- Dark chocolate (small amount — also contains theobromine which lifts mood gently)

SLEEP FOODS — EAT THESE IN THE EVENING.

Tryptophan converts to serotonin which converts to melatonin. Eat tryptophan-rich foods 2–3 hours before bed:

- Warm milk (classic for a reason: tryptophan + calming casein peptides)
- Turkey, eggs, pumpkin seeds
- Tart cherry juice (contains natural melatonin — has real data for sleep)
- Oats (carbs help tryptophan cross into the brain)

ANTI-INFLAMMATORY — FOR THE ACHES AND THE GUT.

- Turmeric + black pepper in food or tea (curcumin, anti-inflammatory, helps joint/muscle aches)
- Ginger tea or fresh ginger (powerful anti-nausea, also anti-inflammatory)
- Blueberries, dark berries (brain-protective, BDNF-supportive)
- Fatty fish like salmon or mackerel (omega-3, reduces brain inflammation)

MAGNESIUM FROM FOOD.

- Pumpkin seeds (highest magnesium per ounce of any food)
- Spinach, dark leafy greens
- Dark chocolate (yes, again — it's doing real work here)
- Almonds, cashews
- Black beans

WHEN YOU HAVE NO APPETITE:

Eat anyway. Small amounts. Your brain cannot rebuild on empty.

- BRAT diet: Bananas, Rice, Applesauce, Toast — easy on the stomach
- Bone broth: sip it like tea
- Banana: electrolytes + tryptophan + easy to eat
- Crackers + peanut butter: protein + carbs, minimal prep

NATURAL CRAVING INTERRUPTS FROM YOUR KITCHEN

Hot peppers / capsaicin

Capsaicin triggers endorphin release — your body's own opioid-like signal. A hot sauce hit, some hot pepper pickles, or spicy food can provide a brief natural lift and interrupt a craving. This is real biochemistry, not folk medicine.

Pickle juice

For muscle cramps and restless legs specifically: 2–3 tablespoons. Works neurologically (triggers TRPV1 nerve channels) within about 90 seconds. Faster than magnesium for acute cramps.

Dark chocolate

Small amount. Contains theobromine (gentle stimulant), phenylethylamine (mood lift), magnesium, and flavonoids. Not a substitute for anything — but a real-food

mood tool.

Cold water or cold shower
Cold exposure releases norepinephrine and dopamine naturally. Good for craving interruption and mood dips. Start with just cold water on your face if a full shower is too much.

Ginger tea
Anti-nausea, anti-inflammatory, warming. Make it strong. Add honey. Drink it whenever the stomach is bad.

THE RECOVERY STACK

This section is organized in tiers. Start at Tier 1 and only move to higher tiers if you have access and want to. The tiers build on each other, but Tier 1 alone can get most people through.

HOW TO READ THE EVIDENCE LABELS

[EVIDENCE-BASED] Supported by clinical trials. Standard medical care.
[PLAUSIBLE] Supported by some research, community reports, and biological rationale. Not yet standard care.
[EXPERIMENTAL] Limited human data. Research compounds. Use with caution and ideally with a provider.
[FOUNDATIONAL] Basic nutrition/lifestyle. Non-negotiable regardless of what else you do.

TIER 1 — THE FOUNDATION (Do This First)

These are non-negotiable basics. Safe, accessible, and effective. Start here before anything else.

[FOUNDATIONAL] Exercise, hydration, sleep hygiene, and nutrition.

Walk every day. Even 10 minutes. Movement releases natural dopamine and clears stress chemicals from your blood. This is not optional wellness advice — in withdrawal, movement is medicine.

Get sunlight within one hour of waking. Even 10 minutes outside resets your sleep clock and boosts mood.

Hot baths: help with aches, calm anxiety, promote sleep. Take as many as you need.

TIER 2 — OTC SUPPLEMENTS (Safe, Available, Studied)

Liposomal Vitamin C	1,000–2,000mg every 3–4 hours (NIH upper limit: 2,000mg/day total. Do not exceed.)	Reduces physical withdrawal symptoms. Has the most community evidence for opioid-type withdrawal. Liposomal	Citrus fruit, bell peppers, kiwi, strawberries throughout the day

		form absorbs better than regular tablets.	
Magnesium Glycinate	200–350mg at night (NIH recommends no more than 350mg/day from supplements without provider guidance)	Calms nervous system, supports sleep, helps restless legs. Also covers the drop if your product contained magnesium glycinate.	Pumpkin seeds, spinach, dark chocolate, almonds, black beans
Agmatine Sulfate	1,000–1,500mg daily	Blocks the glutamate surge that causes restless legs and physical agitation. Takes 2–3 days to kick in.	No direct food equivalent. Trace amounts in fermented foods and aged cheese.
NAC (N-Acetyl Cysteine)	600mg twice daily	Stops obsessive looping cravings. Works on the reward center of the brain.	Protein-rich foods (cysteine in eggs, chicken, oats). Not as strong but supports the same pathways.
L-Methylfolate + Methylcobalamin B12	7.5–15mg L-methylfolate daily (if you know you have MTHFR variants)	Raw materials for dopamine and serotonin. Standard folic acid won't work for people with MTHFR. Use the methylated form.	Dark leafy greens (folate), eggs + meat + dairy (B12). Still eat these even if you take the supplement.
Black Seed Oil	1–2 teaspoons daily	Thymoquinone content soothes opioid receptor sites without activating them. Reduces the raw irritated feeling.	No close food equivalent. Try ginger + turmeric combo as anti-inflammatory alternative.
Omega-3 (high EPA)	2–3g daily	Reduces brain inflammation, supports dopamine receptor recovery.	Fatty fish (salmon, mackerel, sardines) 3x/week. Walnuts, flaxseed for plant-based.

[PLAUSIBLE] Agmatine, NAC, Black Seed Oil — community reports + emerging research. Not FDA-approved treatments.

[EVIDENCE-BASED] L-Methylfolate for MTHFR-variant populations. Omega-3 for inflammation. Magnesium for sleep and muscle function.

TIER 3 — EXPERIMENTAL PEPTIDES (Optional / Advanced)

⚠ READ THIS BEFORE THE PEPTIDE SECTION

These are research compounds. They are NOT FDA-approved treatments for 7-OH withdrawal.

BPC-157, Selank, Semax, DSIP, Epithalon, TB-500, and Dihexa are specifically listed by the FDA as substances that may present significant safety risks in compounding contexts, including concerns about immunogenicity, limited human data, peptide impurities, and lack of established human dosing.

What this means for you:

- Do not inject research compounds without medical supervision.
- Quality varies significantly — use only vendors with third-party Certificates of Analysis (COAs).
- The protocol below is based on community reports and animal research. It shows promise. It is not proven in human clinical trials for this use.
- If you cannot access peptides, use the “If You Can’t Get This” column in the table below. You can recover without peptides.

Peptides are an upgrade, not a requirement.

PHASE 1: Days 1–14 — Acute Withdrawal

BPC-157	250–500mcg daily. Shot under skin or swallowed in capsule form.	May support dopamine pathway recovery and gut healing. Animal data is strong. Human data is limited but promising.	Day 3–5: gut cramping may ease. Day 5–7: the heavy dark feeling may lift slightly.	Bone broth daily (contains collagen and glycine, natural BPC-157 precursors). L-Glutamine 5g/day for gut healing.
Selank	300mcg nasal spray, twice daily (AM + midday).	May stabilize the body’s own opioid peptides (enkephalins) and reduce anxiety without activating opioid receptors.	Within hours: anxiety volume may turn down a notch. Not gone. Just quieter.	Passionflower tea (GABAergic, calming without sedation). Ashwagandha (cortisol/anxiety, well-studied adaptogen).
DSIP	100–200mcg nasal spray or shot, 30–60 min before bed.	Delta Sleep-Inducing Peptide. May help restore sleep architecture disrupted by opioid withdrawal.	Night 1–2: earlier drowsiness. Night 2–3: sleep may come faster, still broken but faster.	Tart cherry juice (natural melatonin, real data). Valerian root tea. Warm milk + turkey in the evening. CBT-I techniques (free app: Sleepio).
Semax	100–300mcg nasal spray,	May increase BDNF (brain	Day 2–4: thinking through slightly	Lion’s Mane mushroom

	once daily morning.	repair factor) and reduce brain fog.	less concrete. Less like operating at 10%.	supplement (BDNF support, good evidence base). Exercise (most potent natural BDNF stimulator).

PHASE 2: Weeks 2–8 — Receptor Repair

BPC-157	250mcg daily. Continue.	Continue driving recovery. Do not stop early.	Week 2+: moments of actually wanting to do something. They'll get more frequent.	Continue bone broth + L-Glutamine. Add collagen protein daily.
Epithalon	5–10mg before bed, 5 days on / 2 off.	May regulate pineal gland and restore natural melatonin and circadian rhythm.	Week 2–3: sleep starts having a shape. Waking up at a more consistent time.	Tart cherry juice nightly. Strict sleep schedule. Morning sunlight immediately on waking. Darkness after 9pm.
TB-500	2.5–5mg shot, twice weekly.	May accelerate systemic healing — inflammation, muscle aches, immune function.	Deep aches in lower back and legs start to quiet. Easier to exercise.	Turmeric + black pepper daily (anti-inflammatory). Omega-3. Rest and protein.
Semax	100–300mcg nasal spray, morning.	Continue BDNF support. Brain fog persists weeks 4–6 without scaffolding.	Weeks 3–4: noticeably more present. Starting to feel like yourself.	Lion's Mane continued. Daily exercise. Cold showers (natural BDNF boost).

PHASE 3: Months 2–6 — Neurological Regeneration

BPC-157	250mcg, 3x/week or 4 weeks on / 2 weeks off.	Maintenance neuroplasticity support.	Good days outnumber bad. Energy that doesn't crash.	Bone broth + collagen. Glycine supplement (3–5g/day).
Epithalon	5mg, 10-day course annually or bi-annually.	Sustained sleep and circadian benefits per	Sleep is predictable. Consistent wake	Strict sleep schedule year-round.

		course.	time.	
Dihexa	8–16mg oral, daily (4–8 week cycle).	Experimental BDNF enhancer. May rebuild synaptic connections eroded by chronic opioid use.	Month 3: brain coming back online. Memory working. Thinking through clear air.	Lion’s Mane (high dose, 1,000–3,000mg). Omega-3 DHA. Daily moderate exercise.
Selank	As needed, nasal spray on hard days.	On-demand anxiety and craving interrupt.	Two sprays. Volume down. Ride it out.	Passionflower tea or ashwagandha on hard days. Hot pepper for craving interrupt.

ADVANCED TIER — CLINICAL / SPECIALIST-SUPERVISED

These require IV administration or specialist access. Include them here for completeness, not as DIY options.

[EXPERIMENTAL] Cerebrolysin, P21, NAD+IV, GLP-1 agonists. IV or specialist-only. Do not attempt without medical supervision.

Cerebrolysin	Complex peptide mix that physically mimics BDNF, GDNF, NGF, and CNTF. In morphine withdrawal rat models, reduced cellular stress markers and somatic withdrawal symptoms. Broad-spectrum neuro-repair.	IV infusion only. 10–50ml daily for 10–21 day cycles. Requires clinical setting.	Discuss with an addiction medicine physician or functional medicine clinic offering IV peptide therapy.
P21 (Ac-DGGLAG-NH2)	Fragment of Cerebrolysin. Specifically targets hippocampal neuroplasticity — reverses the dendritic deficits and memory impairment caused by chronic opioid use. Inhibits PAK1 pathway.	1–2 mg daily (subcutaneous or nasal). More accessible than Cerebrolysin but still experimental.	Research peptide. Use only with medical guidance and verified COA.
NAD+ IV Therapy	Resets cellular energetics in the depleted mesolimbic dopamine pathway. Clinical evidence for reducing acute withdrawal symptoms and long-term	IV infusion. Protocol varies by clinic: typically 500mg–1,000mg over several hours, daily for 3–10 days during	Available at NAD+ clinics and some addiction medicine facilities. Not DIY.

	cravings. Flushes system with cellular repair energy.	acute phase.	
GLP-1 Agonists (e.g., Retatrutide)	Emerging: Triple GLP-1/GIP/glucagon agonist. Being explored off-label for addiction — dampens the mesolimbic dopamine response to addictive substances, reduces cue-induced cravings and reinforcement strength.	Injection. Prescription only. Off-label use. Emerging, not standard care.	Discuss with an addiction-medicine physician familiar with GLP-1 research for substance use.

[EXPERIMENTAL] All peptides above. Promising but not proven in human clinical trials for this use. Consult a provider before injecting.

SYMPTOM MAP — WHAT'S HAPPENING AND WHAT TO DO

Back hurts. Deep muscle aches.	Opioid receptors in muscles firing without 7-OH.	TB-500 + Magnesium Glycinate (stay within 350mg/day)	Heating pad. Epsom salt bath. Turmeric + ginger. Rest.
Can't sleep. Legs won't stop.	Brain's calm/sleep signals crashed. REM rebound.	DSIP peptide + Magnesium Glycinate	Tart cherry juice. Warm milk. Passionflower tea. Cold room. Strict bedtime.
Restless legs, muscle cramps.	Glutamate surge. Electrolyte imbalance.	Agmatine Sulfate (1,000mg)	Pickle juice (2–3 tbsp, works in ~90 seconds). Banana. Electrolytes.
Anxious. Heart racing. Panic.	Norepinephrine spike without opioid dampening.	Selank spray + NAC	Passionflower tea. Ashwagandha. Cold water on face. Deep breathing.
Nothing feels good. No point.	Dopamine system crashed.	BPC-157 + L-Methylfolate + B12	Eggs + avocado + dark chocolate. Exercise (most potent). Sunlight.
Gut going crazy. Bathroom.	Gut opioid receptors destabilized.	BPC-157 (gut-healing) + Liposomal C	BRAT diet. Ginger tea. Bone broth. Imodium for acute. Probiotics (yogurt).
Brain fog. Can't think.	BDNF suppressed. Neural repair needed.	Semax + Dihexa (later) + NAC	Lion's Mane. Omega-3. Blueberries. Cold shower. Exercise.
Craving is LOUD.	Dopamine deficit. Enkephalins depleted.	Selank + NAC + BPC-157	Move your body. Hot peppers. Dark chocolate. Cold water. Call someone.
Sweating then chills.	Autonomic nervous system dysregulation.	Liposomal C + Magnesium	Electrolytes. Hot/cold alternating. Bone broth. Light layers.
Tired but wired.	Paraxanthine (stimulant in product) crash + 7-OH withdrawal together.	Magnesium Glycinate	Rest. This passes 3–5 days. Chamomile tea. No caffeine.
Nausea, no appetite.	GI disruption. Opioid withdrawal.	Liposomal C + BPC-157	Ginger tea. Crackers. Banana. Peppermint tea. Small meals only.

WHEN THE CRAVING HITS

Cravings are waves. They build, they peak, they pass. Most only last 15–30 minutes. Ride it out and it WILL pass.

⏱ THE 20-MINUTE RULE

1. LOOK AT THE CLOCK. Note the time.
2. Tell yourself: 'I just gotta make it 20 minutes.'
3. Do literally anything else for those 20 minutes.
4. Check back. The craving will be weaker or gone.

You're not saying never. You're saying not right now. That's way easier for your brain to hold onto.

🧰 CRAVING RESPONSE KIT

Immediate (0–2 minutes):

- Selank nasal spray (if you have it): fastest biochemical interrupt
- OR: Hot sauce / hot pepper pickles: capsaicin triggers endorphin response
- OR: Pickle juice: 2–3 tbsp, neurological interrupt
- Cold water on your face. Shocks the system. Interrupts the loop.
- 5 deep breaths: in 4, hold 4, out 8. Repeat.

Next 20 minutes:

- Move. Walk. Pushups. Anything. Moving your body clears craving chemistry.
- Call or text someone who knows what you're going through.
- Change where you are. Walk outside. Cravings are often location-anchored.
- Eat something. Low blood sugar makes cravings way worse.
- Dark chocolate, strong flavors, ginger tea — sensory interrupt.

THE SLEEP PROBLEM

Sleep is going to be rough. Your brain's sleep system was outsourced to 7-OH. When it leaves, sleep collapses. Here's how to rebuild it.

SLEEP PROTOCOL

The basics (non-negotiable):

- Same bedtime every night, even if you can't sleep. Your brain needs the signal.
- Room at 65–68°F. Total darkness. White noise if possible.
- No screens 1 hour before bed.
- Hot bath 90 minutes before bed — core temp drop triggers sleep onset.

Food and drink for sleep:

- Warm milk or chamomile tea (tryptophan / calming)
- Tart cherry juice (contains natural melatonin — real data supports this)
- Light carbs + protein 2–3 hours before bed (helps tryptophan reach the brain)
- Magnesium glycinate 200–350mg at bedtime

Supplements:

- Melatonin: 0.5–1mg (low dose works better than high). Start 30 min before bed.
- L-Theanine: 200mg (calms without sedating)
- Valerian root tea or passionflower tea
- DSIP peptide (if using): 100–200mcg 30–60 min before bed

CBT-I (Cognitive Behavioral Therapy for Insomnia):
This is the most evidence-based non-drug treatment for insomnia. Free app: Sleepio. Free workbook: many available online. The core technique: if you can't sleep, get up and do something boring in dim light until you're drowsy. Don't lie in bed awake.

YOU NEED SOMEBODY

You cannot do this completely alone. Isolation is where relapse lives.

IF YOU GOT PEOPLE

- NA meetings — free, everywhere. Kratom and 7-OH count. You belong there.
- SMART Recovery — online, free, science-based. smartrecoveryonline.org
- Reddit r/quittingkratom — thousands of people who get it.
- SAMHSA Helpline: 1-800-662-4357 (free, 24/7, confidential)
- findtreatment.gov to find a provider or clinic near you

IF IT'S 3AM AND NOBODY'S AWAKE

The Recovery Kernel

Some people going through this have nobody to call at 3am. Just their phone. And a craving that's getting loud.

The Recovery Kernel is an AI companion built specifically for this — designed around the same science in this guide. It understands MTHFR, COMT, receptor pharmacology, withdrawal timelines. It speaks plain language. It's available at 3am. It doesn't judge.

Access it at: github.com/JRToken-NGI/recovery-kernel
Look for KERNEL_AI.md — it tells you how to deploy it as a conversation partner on Claude, ChatGPT, or whatever AI you have on your phone.

AI can help you ride out a craving, organize a plan, and reduce isolation.
AI cannot diagnose withdrawal severity, prescribe a taper, detect overdose risk, or replace emergency care.
If you feel at risk of harming yourself: call or text 988.

IF YOU SLIP UP

It happens. A lot of people slip on the way to being done for real. What you do NEXT is everything.

❌ DON’T DO THIS

‘I already messed up. Might as well keep going.’

One slip doesn’t erase what you built. Going back to heavy daily use does.
A slip = stepping in a puddle. Full relapse = jumping in the ocean. Don’t jump in the ocean.

✅ DO THIS INSTEAD

5. Stop right now. Don’t have another dose.
6. Tell somebody immediately. Shame wants you to hide. Don’t hide.
7. Reload your stack. Get your supplements back on schedule today.
8. Figure out what triggered it. Be honest with yourself.
9. Make a plan for that trigger next time.
10. Get back on track now. Not tomorrow. Not Monday. Now.
11. Don’t destroy yourself over it. Shame makes you want to use more.

STAYING OFF: THE REAL WORK

YOUR BRAIN WILL LIE TO YOU

After weeks or months feeling good, your brain will say:

- “You’re better now. You can have just one.”
- “It wasn’t even that bad. You overreacted.”
- “This time you can control it.”

These are all lies.
7-OH acted on opioid receptors. One dose will reactivate that pathway. One becomes many. There is no ‘just one’ for you. Not anymore. Write down why you quit. Everything it cost you. Read that list when the lies come.

BUILD A LIFE THAT DOESN’T NEED AN ESCAPE

7-OH was your escape. If you don’t deal with what you were escaping FROM, you’ll find another escape.

- Therapy or counseling (CBT specifically has the best evidence for addiction recovery)
- Exercise: most effective single antidepressant and dopamine rebuilder that exists
- Meaningful connection: one real person who knows what you’re going through
- Bloodwork: check for deficiencies (D3, B12, magnesium, thyroid) once stable
- Sleep as medicine: protect it, schedule it, make it sacred
- Volunteer, create, build, help somebody else — purpose is dopamine

THE TRUTH ABOUT THIS

7-OH acted on opioid receptors. Heavy use creates real physical dependence. This is going to be hard. There will be nights that feel endless. There will be moments where it seems like the only answer.

But you are not going in without tools. You have a taper. You have nutrition. You have supplements. You have a community. And you have science on your side.

WHAT'S ON THE OTHER SIDE

- Waking up not needing something just to feel normal
- Money back in your pocket
- Not planning your day around your next dose
- Energy that doesn't crash
- Being actually present for the people you love
- Feeling proud of yourself
- Actually free

You can do this.

People hooked on harder stuff have gotten out. People who thought they never could.

You didn't get weak. You got trapped by something engineered to trap you.

Now you're taking your life back.

One day at a time. One hour if that's what it takes. One craving at a time.

FROM THE ARCHITECT

You are designing your new brain.

Every time you ride out a craving, a neural pathway rewires. Every day of taper is the addiction architecture coming down. Every egg you eat, every walk you take, every bowl of bone broth — you're building something new.

This isn’t about being a ‘sober saint.’ It’s about sovereignty. YOU decide what runs your system. Not a gas station product. Not a manufacturer who engineered your dependence.

Once you’re out, stay out. Your receptors remember. If you pour 7-OH back in, you will crash just as hard next time. The pathway doesn’t forget.

Keep this guide. Do the next step. Trust the biology.

The other side is worth it.

QUICK START CHECKLIST

If you just found this guide and don’t know where to start: do these things first, in order.

DO THESE TODAY

Step 1: Safety first.

- ☐ Get naloxone (Narcan) from a pharmacy. Have it nearby.
- ☐ If your withdrawal is severe, call SAMHSA: 1-800-662-4357
- ☐ Tell at least one person what you’re going through.

Step 2: Eat and hydrate.

- ☐ Drink water + electrolytes NOW. Coconut water, sports drink, bone broth, or pickle juice.
- ☐ Eat something with protein. Eggs. Peanut butter. Anything.
- ☐ Buy: bananas, bone broth, ginger tea, tart cherry juice, magnesium glycinate.

Step 3: Get your supply under control.

- ☐ Count what you have. Pick your honest starting dose number.
- ☐ Give supply to someone you trust, or put it somewhere with friction.
- ☐ Decide your taper option (slow taper, pill kit, kratom bridge, or medical).

Step 4: Get OTC supplements.

- ☐ Magnesium glycinate (200–350mg at night)
- ☐ Liposomal Vitamin C (1,000–2,000mg/day, not to exceed 2,000mg total)
- ☐ NAC 600mg — twice daily
- ☐ Agmatine sulfate 1,000mg daily

Step 5: Move and sleep.

- ☐ Walk today. Even 10 minutes.
- ☐ Set a consistent bedtime and stick to it.
- ☐ Get sunlight within one hour of waking.

RESOURCES

RESOURCE	CONTACT / HOW TO REACH
SAMHSA National Helpline (free, 24/7, confidential)	1-800-662-4357 or findtreatment.gov

RESOURCE	CONTACT / HOW TO REACH
Mental health crisis / suicidal thoughts	Call or text 988
Emergency / overdose	911
Naloxone (Narcan) — how to get it	Most pharmacies, no prescription needed in most states
SMART Recovery (science-based, free)	smartrecovery.org / smartrecoveryonline.org
NA (Narcotics Anonymous)	na.org — free meetings everywhere
Reddit community	r/quittingkratom
The Recovery Kernel (AI companion)	github.com/JRToken-NGI/recovery-kernel — see KERNEL_AI.md
CBT-I for insomnia (free app)	Sleepio or search ‘CBT-I sleep app free’